PERMITTEE NAME/ADDRESS:

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved OMB No. 2040-0004

ANCHORAGE, MUNICIPALITY OF

3000 ARCTIC BLVD

ANCHORAGE

AK 99503-3898

DISCHARGE MONITORING REPORT (DMR) AK0022551 PERMIT NUMBER

001 A DISCHARGE NUMBER

MAJOR (SUBR 02) `F - FINAL

FACILITY:

NAME:

ATTN:

ADDRESS:

JOHN M. ASPLUND WWTF---301 (H)

LOCATION: ANCHORAGE, AK 99502

MARK PREMÓ P.E. GEN MGR. AWWU

MONITORING PERIOD 06 | 11 | 01 06 | 11 | 30 FROM TO

*** NO DISCHARGE

NOTE: Read instructions before completing this form.

ATTN. IVIAR PREIVIO P.E. GEN IVIGR. AVVVO											
PARAMETER		QUANTITY OR LOADING					NO.	FREQUENCY OF	SAMPLE		
		AVERAGE	WAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNIT	EX	ANALYSIS	TYPE
TEMPERATURE, WATER	SAMPLE MEASUREMENT	****	## [6]		VETN	****	13.7	(04)	N/A	FOUR/	GRAB
DEG. CENTIGRADE	PERMIT			-			REPORT	` ′		WEEK 1) FOUR/	
RAW SEW/INFLUENT	REQUIREMENT	. <mark>I</mark> Sayagaya XXXXXX	JE JE	ਿ <i>†**</i> ੨ ਅ	⋒	*****	MAXIMUM	DEG.C		WEEK	GRAB
TEMPERATURE, WATER	SAMPLE MEASUREMENT	*****	****		00 15/1	*****	14.0	(04)	N/A	FOUR/	GRAB
DEG. CENTIGRADE	PERMIT		OFFIGERERSH	EPA REGION 1			REPORT	` ′		WEEK 1) FOUR/	
EFFLUENT GROSS VALUE	REQUIREMENT	*****	OFFICE OF COMP	LIANCE AND E	FORCEMENT	*****	MAXIMUM	DEG.C		WEEK	GRAB
OXYGEN, DISSOLVED	SAMPLE MEASUREMENT	****	*****	****	1.0	*****	*****	(19)	N/A	FOUR/	GRAB
(DO) 00300 1 0 0	PERMIT				l rekerori			1		WEEK 2) FOUR/	
EFFLUENT GROSS VALUE	REQUIREMENT		**************************************	****	MO MIN	******	*****	MG/L		WEEK	GRAB
BOD, 5-DAY	SAMPLE MEASUREMENT	51205	*****	(26)	*****	214	****	(19)	N/A	FOUR/	COMP24
(20 DEG. C) 00310 G 0 0	PERMIT	Record		, ,		REPORT		` ´		WEEK ³⁾ FOUR/	COMP
RAW SEW/INFLUENT	REQUIREMENT		*****	LB\$/DY	ANATAT	MO AVG	*****	MG/L		WEEK	24
BOD, 5-DAY	SAMPLE MEASUREMENT	****	37617	(26)	*****	****	163	(19)	a	FOUR/	COMPO
(20 DEG. C) 00310 W 0 0	PERMIT		EXO11010	()			300	(,		I WEEK	COMP
EFFLUENT GROSS VALUE	REQUIREMENT	ANANA PERIOD	DAILY MX	LBS/DY	*****	*****	DAILY MX	MG/L		FOUR/ WEEK	24
BOD, 5-DAY	SAMPLE	33399	34327	(26)	*****	139	155	(19)	0	FOUR/	0011001
(20 DEG. C)	MEASUREMENT	·		(20)				(13)	U	WEEK	
00310 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	72100 MO AVG	75100	LBS/DY	*****	240 MO AVG	250 WKLY AVG	MG/L		FOUR/ WEEK	COMP 24
PH	SAMPLE		****	***	6.7	*****	7.5	(12)	N/A	FOUR/	CBAB
	MEASUREMENT							(12)	Sentendede	WEEK 1)	OLAD
00400 G 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	A ANALAS	*****	****	MINIMUM	*****	REPORT MAXIMUM	SU		FOUR/ WEEK	GRAB
NAME / TITLE DDINGIDAL EVECUTIVE OFFICED -								TELEPH	ONE	e total operation to the control of	\ΤE
Craig Woolard, P.E., Ph.D. Craig Woolard, P.E., Ph.D.											
Director, Treatment D	ivision FALS	SE INFORMATION, INCLUDING T 33 U.S.C. §1319. (Penalties under t	HE POSSIBILITY OF FINE AND	IMPRISONMENT.	SEE 18 U.S.C. §1001 S	IGNATURE OF PRINC	IPAL EXECUTIVE	(907)564-	2799	06/12/08	
TYPED OR PRINTED	een 6 months and 5 years.)	, 	. ,		OFFICER OR AUTHORIZED AGENT			AREA CODE NUMBER		YEAR MO DAY	

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1) Samples inadvertently collected 11/25/06 instead of 11/26/06 when they were scheduled; therefore 5 temps and pH run one week and 3 the next week. 2) DO sample on 11/22/06 invalid due to lab error. 3) BODs for 11/24 & 25/06 invalid (QC limits not met).

1015 02/08/07

PERMITTEE NAME/ADDRESS:

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

ANCHORAGE, MUNICIPALITY OF

3000 ARCTIC BLVD.

ANCHORAGE

GE AK 99503

AK0022551 PERMIT NUMBER 001 A DISCHARGE NUMBER MAJOR (SUBR 02) F - FINAL

FACILITY:

ADDRESS:

NAME:

ATTN:

JOHN M. ASPLUND WWTF---301 (H)

LOCATION: ANCHORAGE, AK 99502

MARK PREMO P.E. GEN MGR. AWWU

MONITORING PERIOD

FROM 06 | 11 | 01 | TO | 06 | 11 | 30 | *** NO DISCHARGE | ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			(GOLONO DO	NO.	FREQUENCY OF	SAMPLE			
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNIT	EX	ANALYSIS	TYPE	
PH	SAMPLE MEASUREMENT	*****	*****	****	6.6	*****	7.4	(12)	0	FOUR/ WEEK 1)	GRAB	
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	**************************************	****	6:5 MINIMUM	*****	8.5 MAXIMUM	SU		FOUR/ WEEK	GRAB	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	46794	*****	(26)	*****	196	*****	(19)	N/A	FOUR/ WEEK	COMP24	
00530 G 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MO AVG	ing and sales and separation of the second s	LB\$/DAY	*****	REPORT MO:AVG	*****	MG/L		FOUR/ WEEK	COMP24	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	19620	(26)	*****	****	88	(19)	0	FOUR/ WEEK	COMP24	
00530 W 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT		57000 DAILY MX	LBS/DAY	*****	******	190 DAILY MX	MG/L		FOUR/ WEEK	COMP24	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	12836	15790	(26)	*****	54	71	(19)	0	FOUR/ WEEK	COMP24	
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	51000 MO AVG	54000 WKLY AVG	LBS/DAY	**************************************	170 MO AVG	180 WKLY AVG	MG/L		FOUR/ WEEK	COMP24	
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	*****	*****	****	****	18.5	*****	(19)	N/A	ONCE/ MONTH	COMP24	
00610 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****				REPORT MO AVG		MG/L	N/A	ONCE/ MONTH	COMP24	
FECAL COLIFORM, MPN, EC MED, 44.5C	SAMPLE MEASUREMENT	*****	DE	C 1 3 20	ec	9	*****	(30)	0	THREE/ WEEK	GRAB	
31615 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	1	- 20	بالكسا	850 MO GEO	*****	MPN/ 100ML		THREE/ WEEK	GRAB	
FLOW IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	28.591	OFFICE OF COMP	LIANÇO 3) ID EL	FORCEMENT	*****	*****	***	N/A	CONTIN UOUS	RCORDR	
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	MO AVG	*****	MGD	*****	****	*****	****		CONTIN UOUS	RCORDR	
Craig Woolard, P.E., Ph.D. I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE,									ONE	DA	ATE	
Director, Treatment Division Director, Treatment Division Director Treatment Division								(0.07).50.1	00/40/00		10/00	
AND 33 U.S.C. §1519. (Penaltics under these statutes may include fines up to \$10,000 and or maximum imprisonment of Detween 6 months and 5 years.) OFFICER OR AUTHORIZED AGENT								(907)564-2 AREA CODE N				

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1) Samples inadvertently collected 11/25/06 instead of 11/26/06 when they were scheduled; therefore 5 pH run one week and 3 the next week.

Forms by WindowChem(707)864-0845;p/n11090;v5.01;4/1/96. Rev. 1/05, Bit

PERMITTEE NAME/ADDRESS:

ATTN:

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved OMB No. 2040-0004

NAME: ANCHORAGE, MUNICIPALITY OF ADDRESS:

3000 ARCTIC BLVD.

ANCHORAGE

AK 99503

DISCHARGE MONITORING REPORT (DMR) AK0022551 PERMIT NUMBER

001 A DISCHARGE NUMBER

MAJOR (SUBR 02) F - FINAL

FACILITY:

JOHN M. ASPLUND WWTF----301 (H)

LOCATION: ANCHORAGE, AK 99502 MARK PREMO P.E. GEN MGR. AWWU

MONITORING PERIOD 06 | 11 | 01 06 | 11 | 30 FROM TO

*** NO DISCHARGE NOTE: Read instructions before completing this form.

ATTA. WARRETTENO	C. CLIVIO				I QUANTITY OR CONCENTRATION					FREQUENCY	1 1			
PARAMETER		QUANTITY OR LOADING			'		NO.	OF	SAMPLE					
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNIT	EX	ANALYSIS	TYPE			
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMEN	******	*****	***	*****	*****	1.2	(19)	0	EVERY 3 HRS	GRAB			
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMEN	T	******	****	*****	******	1.2 DAILY MX	MG/L		EVERY 4 HRS	GRAB			
BOD, 5-DAY PERCENT REMOVAL	SAMPLE MEASUREMEN	******	*****	****	35	*****	*****	(23)	N/A	ONCE/	CALCTD			
81010 K 0 0 PERCENT REMOVAL	PERMIT REQUIREMEN	in la companya da la Companya da la companya da la compa	******	***	REPORT MO AVG			PER- CENT	N/A	ONCE/ MONTH	CALCTD			
SOLIDS, SUSPENDED PERCENT REMOVAL	SAMPLE MEASUREMEN	******	****	****	73	****	*****	(23)	N/A	ONCE/ MONTH	CALCTD			
81011 K 0 0 PERCENT REMOVAL	PERMIT REQUIREMEN	I. tvava	AXXXX	****	REPORT MO AVG	*****	44,000	PER- CENT	N/A	ONCE/ MONTH	CALCTD			
			e us e ustas apatits auto a tras estas estas apatits autoris											
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			SECONOR MARIEMANIA					EIN						
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	gang projekt side side som projekt side						OFFICE OF COMPLIAN	REGION 10 E AND ENFOR						
	TAT	CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS INMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE.						TELEPH	ONE	DA	TE			
Craig Woolard, P.E., Ph.D. RE		ESPONSIBLE FOR OBTAINING THE CCURATE AND COMPLETE. I AM A				Journ Jour								
Director, Treatment Division		ALSE INFORMATION, INCLUDING 7 ND 33 U.S.C. §1319. (Penalties under a	HE POSSIBILITY OF FINE AND	IMPRISONMENT.	SEE 18 U.S.C. §1001 S	(907)564-2	2799	06/1	2/08					
TYPED OR PRINTED		tween 6 months and 5 years.)			-	OFFICER OR AUTHORIZED AGENT ARE				AREA CODE NUMBER YEAR MO DAY				
COMMENT AND EXPLANATION OF A	IONS (Reference all attachments here) Forms by								by WindowChem(707)864-0845;p/n11090;v5.01;4/1/96. Rev. 1/05, Bit					

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Quarterly WET test report enclosed.